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The Currarino syndrome is a rare trouble, which contains three distinct diseases: a partial sacral agenesis, a presacral mass and an anorectal malformation. In our patient, the revelation came lately due to a complication of a myelomeningocele, then the appearance of arachnoid cysts after a meningeal infection.
Observation.– We report the case of a 29-year-old woman who presented suddenly paraplegia in a context of a meningeal infection. The initial intervention as a matter of urgency on a myelomeningocele and a fistula communicating between the spinal canal and perianal area has solved the problem of infection. The patient is afterwards transferred to for rehabilitation medicine. In front of sphincters disorders, urodynamic check-up find data which does not match with the lesional level. Arachnoid cysts were identified, and were released surgically. Thereafter, an intensive rehabilitation was undertaken and it has permitted a neurologically and functionally improvement. The better testing of lower limbs was noticed during the hospitalisation. Moreover, an effective walking has been possible after 9 months of daily functional work, stimulation and muscular strengthening.
Discussion.– This case reveals the effectiveness of an intensive rehabilitation program following an arachnoid cysts surgery. The motive recovery allowed the resumption of orthostatism after 7 months and the walk with technical helps at 9 months in a patient who had a total paraplegia before surgery. The literature emphasises the idea to suggest an intensive rehabilitation treatment following this type of surgery. Certain kind of fast improvement was described for reduced-time spinal pains. But, according to the description of some teams, in the case of late operation, the rehabilitation is essential to hope an improvement. If that aggravates, it is necessary to control again the imagery to uncover a recurrence of cysts.

http://dx.doi.org/10.1016/j.rehab.2013.07.451

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An unusual foreign body within the bladder in a paraplegic woman

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Keywords: Paraplegia; Neurologic bladder; Intravesical foreign body; Patient education
Introduction.– Intravesical foreign body was found in a woman traumatic paraplegia heterosondage during a routine ultrasound.
Observation.– A bladder ultrasound, performed in a 58-year-old post-traumatic paraplegia with neurogenic bladder to measure the volume post voiding during hospitalization for learning self survey reveals a hyperechoic foreign body shaped tube 7 cm long with a diameter of 0.8 cm. Until this patient was supported by home care nurses performing the heterosondages because it had not acquired sufficient skills for self-catheterization in two training consultations.
The diagnosis of foreign body is confirmed by a pelvic scan. The patient is supported by the rapidly urology team's referral hospital. The foreign body removed by cystoscopy so traumatic, proves to be a case of catheter short. After discussion with the patient, this case would have been introduced at a heterosondage at home, and it can not specify the date of introduction. Hypotonia and perineal urethral local hypoaesthesia and taking morphine could facilitate this introduction.
Discussion.– The presence of a urinary catheter bag as intravesical foreign body is an unexpected and unusual complication [1]. It highlights the fact that nurses in the city do not always have the knowledge and training in the use of new materials such as short probes women. Ideally the implementation of a program of intermittent catheterization should be best in a rehabilitation stay or during iterative consultation with regular monitoring of patients by a specialized team [2].

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http://dx.doi.org/10.1016/j.rehab.2013.07.452

P102-e

Sigmoid volvulus in a patient with spinal cord injury: A clinical case and review of the literature

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Keywords: Sigmoid colon; Volvulus; Spinal cord injury
Introduction.– Gastrointestinal dysfunction is a major cause of morbidity among individuals with spinal cord injury (SCI). Chronic complications such as obstipation and fecal incontinence are common. Intermittent sigmoid volvulus (SV) is a rare complication in SCI patients. We report a case and review the literature on SV in SCI patients.
Observations.– A 54-year-old man with a traumatic SCI T12 AIS D in 2000 and L3 fracture in 2011, presented with a history of abdominal discomfort since a couple of months. Abdominal X-ray showed a distended colon descendents with an inverted U shape, consistent with SV. A diagnosis of an uncomplicated SV was established. Because of minor complaints the patient was given a low dose osmotic laxative to improve bowel transit. Four months later the patient showed persistent complaints of constipation alternating with diarrhea. A surgical reduction of the volvulus was planned. Initially, a laparoscopic approach was performed, but massive bowel distension and anatomical distortion hampered adequate view. Conversion to laparotomy was done and a sigmoid resection was performed.
Discussion.– Following this case we performed a literature review on spontaneous SV and SV associated with SCI. Only one article on SV in association with SCI was retrieved describing a series of 8 patients (Fenton-Lee, 1993). The understanding of SV has improved over the years. Etiology of SV is unclear but is thought to be multifactorial. Immobility, prolonged colonic transit time and constipation may be predisposing factors. In general, the sigmoid colon is the most common location of volvulus. Although spontaneous reduction have been shown to occur in about 2% of patients, conservative management in the hope that volvulus will reduce spontaneously, is not recommended. Emergency endoscopic reduction is the treatment of choice for acute volvulus, but satisfying clinical result is mostly temporary. A sigmoid resection is advised as a definitive solution.
In case of persisting constipation in patients with SCI an abdominal X-ray should be performed in order to diagnose a possible volvulus that may present more silently, as this may have therapeutic consequences.

http://dx.doi.org/10.1016/j.rehab.2013.07.453

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Peripheral arterial disease in the SCI members: Are there any specifics?

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Keywords: Arterial disease; Spinal cord injury; Ulcer
Introduction.– The arterial disease of spinal cord injury can be expressed in a particular clinical presentation. It is about the poorly understood pathology of aging paraplegic condition.
Observation.– Mr. B., 39 years post-traumatic paraplegia T3 ASIA A from 17 years of evolution.
D0: consultation for contractures of the lower limbs. Research report negative irritating spines.

M5: persistent contractions, onset of pre-patellar ulcer. Paraclinical normal. Surgical coverage of pressure sores.
M9: increase contractures, occurrence of recurrent urinary tract infections, recurrence of patellar ulcer, bedsore sacrum and trochanter. Clinical examination: no pulse in the lower limbs. MRI angiography of the lower limbs: infrarenal aortic thrombosis + primitive iliac stenosis. Establishment of medical treatment.
M12: aggravation of the right ischial pressure ulcer + urinary flow. Bladder and pelvic CT: vesical fistula. Implementation probe Graham and suprapubic catheter.
M17: stagnation of skin changes.
M 20: aorto-bi-femoral.
Complete healing of the fistula resulting in 21 days, the sacred healing ulcer and recovery base station possible 42 days.
M26: satisfactory clinical evolution.
Discussion.– The arterial paraplegic is particularly common given physical inactivity and the incidence of dysmetabolic disorders.
It differs from obstructive arterial disease in the general population by a semiotic specificity, pathophysiological and therapeutic.
The place and the interest of the revascularization surgery seems obvious, must be offered in collaboration with teams of vascular surgery and associated with therapeutic education control of risk factors, as well as a resumption of physical activity.
Further reading
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